



Last Updated: 03/09/2022

## **Prior Authorization Updates - Waivers - Effective Immediately**

The purpose of this memorandum is to notify providers of updates to the Prior Authorization (PA) process. EDCD (Elderly and Disabled with Consumer Direction) and HIV/AIDS Waiver enrollments and certain waiver services may now be requested via iEXCHANGE by using the questionnaires described below.

Questionnaires are available for the following Waiver services:

- Agency and Consumer-Directed Personal Care (T1019 and S5126),
- Agency and Consumer-Directed Respite Care (T1005 and S5150),
- Personal Emergency Response System (PERS) Installation and Monitoring, (S5160 and S5161),
- Adult Day Health Care Services (S5102), and
- Elderly Case Management (T1016 under the Elderly Case Management Program only).

The questionnaires for Personal Care (Agency and Consumer-Directed), Respite Care (Agency and Consumer-Directed), and Adult Day Health Care have been expanded to allow new EDCD and HIV/AIDS Waiver enrollments to be requested without submitting the screening documentation to KePRO via facsimile or mail. Providers are required to maintain the screenings in their files, but completion of the questionnaire eliminates the need to send the screening documents to KePRO. Please note that the enrollment questions, clearly identified on the questionnaires, only need to be completed if the recipient is not currently enrolled in the waiver, has not received waiver services for more than six months prior to the start of care, or has not been in a Nursing Facility (NF) within 6 months prior to the start of care.

These questionnaires have been designed to include the basic information that KePRO needs to process requests for initial waiver enrollment and these specific services. You will need to have the most recent screening packet on hand to



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complete the questionnaires, as the questions come directly from those documents. While not mandatory, it is expected that use of the questionnaires by providers will decrease the number of requests pending for additional information and provide a quicker turn around time.

The greatest benefit of the questionnaires is that they allow for easy submission via iEXCHANGE, KePRO's web-based Prior Authorization request system. Simply request one or more of the above services via iEXCHANGE, and iEXCHANGE will indicate that a questionnaire is available. Fully complete the questionnaire and submit it. If additional space is needed, please use the "Additional Comments" space on the main request page. After submitting the questionnaire, be sure to click submit again on the main request page. That will submit the entire authorization request for this recipient.

**KePRO has a pre-recorded WebEx on how to complete the questionnaires on their website: [www.kepro.org](http://www.kepro.org).**

Questionnaires are also available for submission via fax. Please visit <https://dmas.kepro.org> to obtain a copy of these forms with the instructions. While formatted differently, the information is the same as the iEXCHANGE version of the questionnaires. All providers may benefit from downloading the fax versions and instructions prior to submitting via fax or iEXCHANGE.

#### Key Points:

- When requesting an EDCD or HIV/AIDS Waiver enrollment via iEXCHANGE, the questionnaire MUST be completed with the request.
- When requesting an EDCD or HIV/AIDS Waiver enrollment via fax or mail, you may submit the required screening documents or complete the questionnaire using the screening as your guide.
- When requesting services for a recipient who has been in the Waiver or a Nursing Facility within the past 6 months, you may use the questionnaire, omitting the enrollment questions by iEXCHANGE or fax (with the DMAS-98) or submit the required information via fax without the questionnaire using the DMAS-98.



## **Helpful PA Submission Tips**

Following are additional tips to expedite the processing of your request. All Waivers:

- All PA requests submitted by fax, including those with questionnaires, must be submitted with the DMAS-98 (Community Based Care Request for Services Form) with pages 1 and 2 fully completed. This form and instructions for use are located under “forms” on KePRO’s website <https://dmas.kepro.org>. To prevent illegible receipt of requests, providers are encouraged to use the editable versions of the DMAS-98 for submission of your waiver request.
- When requesting discharges, a fully completed DMAS-98 is needed for each recipient. Please include each service being discontinued in the request. List of discharges are not acceptable for processing. Page 2 must include the dates of service, with the start of care as well as the discharge date. Additionally the PA Number, Provider Number and reason for discharge (i.e. going to another waiver, patient deceased, or transfer to another agency) are needed.
- When submitting a request for different services, check the provider number for each service. KePRO must receive the correct provider identification number to match the specific service being requested. The provider number is unique to the service being provided. If you have services that have the same provider identification number (example: if a provider is requesting Consumer Directed Personal Care and Consumer Directed Respite Care) these requests may be submitted together in the same request either by fax or by iEXCHANGE.
- If you continue to have more than one provider number (API’s), and are submitting a request for Agency Directed Personal Care, Agency Directed Respite Care, and Personal Emergency Response System (PERS), there should be three separate requests, either by fax or by iEXCHANGE, because there are three different provider numbers, one unique to each of these



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services. This applies to requests regardless of questionnaire use.

- For Consumer-Directed services, transfers between Service Facilitators must be coordinated to ensure that there is no gap in service authorization. Consumer-Directed attendants cannot be paid during a period when there is not an approved authorization.
- Complete each questionnaire only once. For example, if requesting both PERS Installation (S5160) and PERS Monitoring (S5161), complete only the questionnaire that is listed first. The questionnaire is the same for both of these services; do not complete it twice.

## Individual and Family Developmental Disabilities (DD) Support Waiver:

- Submitting providers must submit separate provider requests on separate DMAS-98/KePRO fax forms.
- Submitting providers must not submit requests for PA until they have an approved/signed copy of the plan of care from DMAS.

## Resource Information

- Detailed instructions specific to submitting waiver requests are found within the DMAS-98 (Community Based Care Request for Services Form). This form is located under “forms” on KePRO’s website <http://dmas.kepro.org> or at [www.dmas.virginia.gov/pr-prior\\_authorization.htm](http://www.dmas.virginia.gov/pr-prior_authorization.htm).
- Should you have any questions regarding the prior authorization process, please send your inquiries via e-mail to [providerissues@kepro.org](mailto:providerissues@kepro.org) or [PAUR06@dmas.virginia.gov](mailto:PAUR06@dmas.virginia.gov). Remember do not send PHI by e-mail unless it is sent via a secure encrypted e-mail submission.
- All other Medicaid provider issues not related to prior authorization should be addressed through the Provider Helpline. The numbers are 1-800-552-8627 or if you are located in Richmond or out-of-state, call 804-786-6273.



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| <p><b>KePRO Contact Information</b><br/>You may contact KePRO through the following methods:</p> <p><b>iEXCHANGE:</b><br/><a href="http://dmas.kepro.org/">http://dmas.kepro.org/</a><br/><b>Toll Free Phone:</b> 1-888-VAPAUTH (1-888-827- 2884)<br/><b>Local Phone:</b> (804) 622-8900<br/><b>Fax:</b> 1-877-OKBYFAX (1-877-652-9329)<br/><b>Mail:</b> 2810 N. Parham Road, Suite 305, Richmond, VA 23294<br/><b>Provider Issues:</b><br/><a href="mailto:ProviderIssues@kepro.org">ProviderIssues@kepro.org</a></p> | <p><b>DMAS and KePRO Website Resources</b> <i>The following resources are available on the DMAS and KePRO websites:</i></p> <ol style="list-style-type: none"> <li>1. iEXCHANGE Registration information</li> <li>2. ICD9 diagnosis codes, outpatient rehab and home health revenue codes, and radiological scan procedure codes</li> <li>3. Recent PA provider training presentations</li> <li>4. Prior Medicaid Memos</li> <li>5. PA Fax Request Forms and Instructions</li> <li>6. PA Reference Guides</li> <li>7. KePRO “Insider” Provider newsletter</li> </ol> |
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## Alternate Methods to Obtain PA, Eligibility and Claims Status Information

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. To enroll for access to this system, go to <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1- 800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access prior authorization information including status via iEXCHANGE at <http://dmas.kepro.org/>.

### COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various



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communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

## **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at: [www.dmas.virginia.gov/pr-enewsletter.asp](http://www.dmas.virginia.gov/pr-enewsletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.